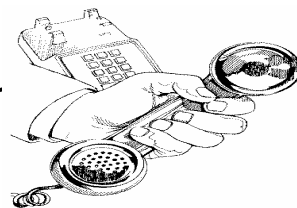


South Dakota News Telephone Reader Application Form



Name _____

Please print

FIRST

INITIAL

LAST

Address _____

City/State/Zip _____

Home Phone: (____) _____

Are you now receiving services:

Service to the Blind & Visually Impaired (**SBVI**) yes ____ no ____

S. D. Braille and Talking Book Library (**BTBL**) yes ____ no ____

Division of Rehabilitation Services (**DRS**) yes ____ no ____

Applicants signature _____

Upon acceptance of your application, an information packet will be sent which includes your identification number, security code and operation instructions. Send instruction in:

____ braille, ____ large print, ____ cassette tape, ____ computer disk

If you are not receiving services from **SBVI**, **DRS** or **BTBL** please complete the following ******(section) selection.

Certification

This portion of the application can be completed by doctors of medicine, doctors of osteopathy, ophthalmologists, optometrists, registered nurses, therapists, case workers, counselors, rehabilitation teachers, librarian.

I certify that the above named applicant cannot effectively use standard print materials because of the following condition.

Signature _____ Title _____

Phone _____

Please mail to:

Braille and Talking Book Library

800 Governors Drive, Pierre SD 57501-2294

SD (605) 773-3131 **** 1-800-423-6665

Fax (605) 773-6962

www.sdstatelibrary.com/b&tb/

